

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 500.42925X00																																
		First Inventor TANAKA, SATOSHI																																
Title FOLDING PORTABLE TERMINAL																																		
		Express Mail Label No.																																
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (<i>preferred arrangement set forth below</i>) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 6]</p> <p>5. Oath or Declaration [Total Pages: _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (<i>for continuation/divisional with Box 18 completed</i>) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>																																		
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>																																		
ACCOMPANYING APPLICATION PARTS																																		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (<i>when there is an assignee</i>) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Information Disclosure Sheet Under 37 CFR 1.56(a) w/refs., Credit Card Payment Form, Figs. 1-6</p>																																		
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:</p> <p>Prior application information: Examiner: _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																		
<p>19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%;">020457</td> <td style="width: 30%;">or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</td> </tr> <tr> <td colspan="3"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td colspan="3">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td colspan="2" rowspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Country</td> <td>Telephone</td> <td>Fax</td> </tr> <tr> <td>Name</td> <td colspan="2">(703) 312-6600</td> <td>(703) 312-6666</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Melvin Kraus</i></td> <td>Date July 14, 2003</td> </tr> </table> </td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td colspan="3">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td colspan="2" rowspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Country</td> <td>Telephone</td> <td>Fax</td> </tr> <tr> <td>Name</td> <td colspan="2">(703) 312-6600</td> <td>(703) 312-6666</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Melvin Kraus</i></td> <td>Date July 14, 2003</td> </tr> </table>			Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			Address						City		State	Zip Code	Country		Telephone	Fax	Name	(703) 312-6600		(703) 312-6666	Signature	<i>Melvin Kraus</i>		Date July 14, 2003
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td colspan="3">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td colspan="2" rowspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Country</td> <td>Telephone</td> <td>Fax</td> </tr> <tr> <td>Name</td> <td colspan="2">(703) 312-6600</td> <td>(703) 312-6666</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Melvin Kraus</i></td> <td>Date July 14, 2003</td> </tr> </table>			Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			Address						City		State	Zip Code	Country		Telephone	Fax	Name	(703) 312-6600		(703) 312-6666	Signature	<i>Melvin Kraus</i>		Date July 14, 2003						
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP																																	
Address																																		
City		State	Zip Code																															
Country		Telephone	Fax																															
Name	(703) 312-6600		(703) 312-6666																															
Signature	<i>Melvin Kraus</i>		Date July 14, 2003																															

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

03807 U.S. PRO
10/14/03

18334 U.S. PTO
07/14/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known	
Application Number	
Filing Date	July 14, 2003
First Named Inventor	TANAKA, SATOSHI
Examiner Name	
Art Unit	
Attorney Docket No.	500.42925X00

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit Account:

Deposit Account Number 01-2135

Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP

The Commissioner authorized to: (check all that apply)

Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fees indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	750
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Fee from Extra Claims below				Fee Paid
Total Claims 4	-20** = 0	x 0.00	= 0.00	
Indep. Claims 3	-3** = 0	x 0.00	= 0.00	
Multiple Dependent		0.00	= 0.00	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 0.00		

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge – late filing fee or oath	
1052 50	2052 25	Surcharge – late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examination action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive – unavoidable	
1453 1,300	2453 650	Petition to revive – unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1406 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Melvin Kraus	Registration No. (Attorney/Agent)	22,466	Telephone	703-312-6600
Signature	<i>Melvin Kraus</i>			Date	07/14/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.